

**THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI):** (a) to (d) The information is being collected and will be laid on the Table of the House.

**Assessment of NRHM through independent agencies**

**1111. SHRI M.V. MYSURA REDDY:** Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that his Ministry has tied up with several independent agencies to undertake a concurrent assessment of the National Rural Health Mission (NRHM) implemented in 2005;

(b) whether it is also a fact that Government are trying to identify local capacities to gauge the success of NRHM;

(c) if so, the details thereof alongwith the agencies tied up and the time-frame by which the reports will be submitted; and

(d) the details of States which are considered as low performing States, alongwith the reasons and the measures taken to improve the success of NRHM in these States?

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI):** (a) to (c) NRHM envisages a monitoring framework through three pronged process of community based monitoring, external studies and internal monitoring. The internal monitoring which is required to gauge success of NRHM initiatives, presupposes development of local capacities within the State Governments. The Ministry has also tied up with independent agencies to undertake concurrent assessment of national Rual Health Mission (NRHM). This includes following initiatives:

1. Evaluation of Immunisation activities through UNICEF. The preliminary report of this study has been received.
2. Review of financial systems is being undertaken through a pilot study which has been entrusted to institute of Public Auditors of India (IPAI).
3. Evaluation of ASHA initiative and JSY in States of MP, Rajasthan and Orissa is being carried out through UNFPA.
4. The Government also undertakes regular District Level Household

Surveys and National Family Health Survey which give important insight into effectiveness of various strategies under NRHM.

(d) NRHM is being operationalized throughout the country, with special focus on 18 States which have relatively poor health and demographic indicators and health delivery infrastructure. These include the States of Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Uttar Pradesh, Uttaranchal, Orissa, Rajasthan, Assam, Tripura, Manipur, Mizoram, Nagaland, Sikkim, Meghalaya, Arunachal Pradesh, Himachal Pradesh and Jammu and Kashmir. Special measures have been taken to make the NRHM successful in these States. The progress of initiatives under NRHM is being closely monitored in these States. The Implementation Framework of NRHM envisages a trained female community health worker called Accredited Social health Activist (ASHA) in these States. The management capacity in the health sector in these States has also been augmented. Under NRHM, the Government is supporting State, District and Block level Programme Management Units which comprise professionals including MBAs, Chartered Accountants, computer experts etc.

#### **Panel to control tobacco advertisements**

1112. SHRI V. HANUMANTHA RAO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government have formed a panel to monitor tobacco advertisements;

(b) if so, the details thereof;

(c) what are the reasons for Government ignoring the bad health effects of consumption of soft drinks and alcohol by youth;

(d) whether Government would include soft drink advertisements and alcohol advertisements in such a panel; and

(e) if not, the reasons for soft attitude towards obesity caused by soft drinks and alcohol drinks?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (e) A Steering